

Town of Speedway

LANDLORD
LICENSE
APPLICATION

A-_____

Date_____

Name of Owner_____ Phone # (____)_____

Address_____

Zip_____

E-mail Address_____

Business Name_____ Phone (____)_____.

Address:_____ Zip_____

State of Incorporation_____ Year_____

(If applicant is corporation, please attach a certificate from the Secretary of State of Indiana certifying that the applicant is a corporation in good standing under the laws of the State and is certified to do business in the State.)

Names of Partners or Corporate Officers and Office Addresses:

1. _____

2. _____

3. _____

4. _____

Name of Registered Agent_____

Address_____ Zip_____

Phone_____ E-mail address_____

How long has the business been in Speedway or State of Indiana? _____ yrs. _____ mos.

Any previous business address within last 2 years. _____

Has the owner or any partner or corporate officer for the applicant business ever been denied a landlord license by the Town of Speedway, or had license revoked or suspended? _____

Has the applicant or any partner or corporate officer of the applicant business ever been convicted of a felony? _____ If yes, what year? _____

Have all taxes due Town, County, and/or State been paid? _____

Explanation: _____

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Please provide the following information for the business manager or management company.

Name	Address	City	Phone	Email address
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With signature affixed below, the applicant states that: he/she agrees to conduct, maintain, and supervise all rental units so as to not create a nuisance, or permit conduct or activity in the unit or on the premises that endangers the public health or welfare; the applicant has, or will implement policies and procedures reasonably calculated to ensure that no illegal conduct or practice will take place in the rental unit or on its premises; and that the applicant certifies the accuracy of all information contained in the application, and that it does not contain any material omissions and/or materially false or misleading information.

Signature of Applicant_____

Printed:_____